

CALIFORNIA COASTAL COMMISSION

45 FREMONT, SUITE 2000
SAN FRANCISCO, CA 94105-2219
VOICE AND TDD (415) 904-5200
FAX (415) 904-5400



DATE: September 10, 2013
TO: California Coastal Commission Grant Recipients
FROM: Chris Parry and Sylvie B. Lee
Public Education Program
SUBJECT: Guidance on CCC Grant Requirements

Your contract with the California Coastal Commission includes a number of administrative requirements. This memo elaborates on some of these requirements, and includes some additional information. *Please read this memo and your contract carefully.*

INVOICES

As your contract indicates, invoices have to be submitted “in arrears” i.e. **for work already completed or expenses already incurred**. Invoices can be submitted to the Commission for payment on a monthly basis, or less frequently if desired (but not more frequently). See the sample invoice attached to this document. Invoices need to include:

- the grantee’s name and address,
- the number of your contract (found at the top of the front page of the contract),
- the date the invoice is being written,
- the period of time covered by the invoice,
- an itemized description of the services for which payment is being requested, including the dates and hours worked by each grantee or authorized associate, and
- the amount of the invoice.

Documentation of expenses, including all receipts or bills for items purchased or rented, need to accompany the invoice.

If an invoice is not on preprinted letterhead, it must have the grantee’s signature.

Invoices may **not** be submitted to cover the cost of purchasing **insurance, items that will be sold, food, beverages or prizes** (with the exception of meals during travel as outlined below).

Online purchases should be documented with packing slips summarizing total charges rather than screen printouts whenever possible.

Invoices should be sent to your Contract Manager (or delegate) in the Public Education Program, who will review, approve and forward them to our accounting division. Payment typically takes 30 days. Your Contract Manager is Chris Parry. Her delegate is Sylvie Lee. Please send invoices and other correspondence to Sylvie.

TRAVEL EXPENSES

The state requires that grantees follow the same guidelines for travel as all state employees. All travel must be included in your contract budget and is restricted to *within California*. After your trip, you will need to send a claim form to the Contract Manager, using the state travel expense claim form (attached). *Remember to sign the claim form.* Receipts are required and should be attached to the travel expense claim.

Expenses for lodging and meals are not allowed within 50 miles of home or grantee's headquarters as determined by normal commute distance.

These are the basic rules for reimbursement (for situations not addressed here, consult with your contract manager):

- Personal automobile travel: 56.5 cents per mile.
- Rental car travel: submit receipts for rental and gasoline. CCC cannot pay for the cost of adding a collision-damage waiver/loss-damage waiver (CDW/LDW).
- Airplane travel: use the lowest available fare.
- Lodging: up to \$90 plus tax; or \$95 plus tax in the counties of Napa, Riverside, and Sacramento; \$120 plus tax in the counties of Los Angeles (except in Santa Monica), Orange, and Ventura; \$125 plus tax in the counties of Alameda, San Mateo, Santa Clara, Monterey, and San Diego; and \$150 plus tax in San Francisco County and the city of Santa Monica.
- Meal and Incidentals Maximums per person:
 - Breakfast = \$7.00
 - Lunch = \$11.00
 - Dinner = \$23.00
 - Incidentals¹ = \$5.00 for each 24 hour period
- Here is when meals can be claimed:
 - For trips of **less than** 24 hours:*
 - If trip begins before 6am and ends after 9am Breakfast may be claimed
 - If trip begins before 4pm and ends after 7pm Dinner may be claimed
 - Lunch may not be claimed
 - For trips of **more than** 24 hours:*
 - All meals may be claimed for full 24 hour periods
 - First day of trip (of more than 24 hrs.):*
 - If trip begins before 6am Breakfast may be claimed
 - If trip begins before 11am Lunch may be claimed
 - If trip begins before 5pm Dinner may be claimed
 - Last day of trip (of more than 24 hrs.):*
 - If a trip ends after 8am Breakfast may be claimed
 - If trip ends after 2pm Lunch may be claimed
 - If trip ends after 7pm Dinner may be claimed.

¹ Incidentals include personal phone calls, newspapers and magazines, tips, etc.

PROGRESS REPORTS

Your contract includes requirements for periodic progress reports and a final report. These reports tell the story of your project: what happened, what went well, what you would do differently.

The **interim reports** should be a reporting of the project to date. Are you on track? Any adjustments to the plan?

Final Report. A final report shall be submitted prior to the end of the contract period. Your final report should tell the story of your project including what was accomplished and what was learned as a result of the experience. The report shall include the following categories of information. Please consider the questions listed in describing the results of your project:

- **Narrative**— a description of what happened, including:
 - A summary of what was accomplished, relative to the goals and objectives described in your grant proposal.
 - What did you learn as a result of the project?
 - Were there unexpected developments? How were they handled? Were there any unanticipated internal or external factors that impeded or contributed to the success of your program? Did you make any changes to the project part way through, or do you plan to make changes in the future? In hindsight, would you have done anything differently?
- **Participants/Audience**— a description of program participants or audience including:
 - Where they are from.
 - Other demographics – e.g. age or grade level, ethnicity, percent English language-learners, income level or other income indicators such as percent of students eligible for free and reduced lunch program or percent Title 1 schools.
 - A description of how you conduct outreach for your program.
- **Program Evaluation Reporting:**
 - Brief description of evaluation plan and methodology.
 - Summary of findings, including data on what was accomplished e.g. lbs. of trash collected, impact of program on participants.
 - Discussion of evaluation results.
 - Sample copies of data collection instruments, such as surveys.
- **Copies of all products**, including any translations: outreach pieces, curricula, how-to manuals.
- **Any media coverage** of your project.
- **Optional: brief stories and/or photographs** illustrating the success of your project submitted via e-mail, for possible use by the Coastal Commission publicizing the results of WHALE TAIL® License Plate revenues.
- **Next steps**, where do you see this project going, future plans?

CHANGES?

Please work diligently to meet the project milestones and deadlines set out in your contract. If unforeseen circumstances necessitate any changes to your timeline or scope of work, please contact your contract manager immediately.

CONTACT INFORMATION

Sylvie B. Lee

CCC Public Education Grants Coordinator

Phone: (415) 904-5271

Fax: (415) 904-5216

Email: sylvie.lee@coastal.ca.gov

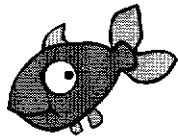
Chris Parry

CCC Public Education Program Manager

Phone: (415) 904-5208

Fax: (415) 904-5216

Email: chris.parry@coastal.ca.gov



We Love Clean Water, Inc.
111 Shoreline Parkway
Santa Cruz, CA 95061
(831) 555-6666

SAMPLE INVOICE

July 2, 2013

To: California Coastal Commission
Attn: Sylvie Lee
45 Fremont Street, Suite 2000
San Francisco, CA 94105

Contract #: WT-12-99

Time period covered by this invoice: March 1, 2013 – June 30, 2013

Salaries

Executive Director (10 hrs. x \$40/hr.)	\$400.00
Program Manager (25 hrs. x \$30/hr.)	\$750.00
Benefits @ 30%	\$345.00

Supplies (see attached receipts):

Staples	\$ 25.76
Home Depot	\$231.64
Joe's Snorkel Supply Shop	\$ 97.85

Travel

Auto travel (see attached TEC form)	\$ 37.95
Durham School Services (see bus invoice)	\$325.00

Administrative overhead	\$149.50
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TOTAL INVOICE: \$2,362.70

Submitted by:

Sandy the Sea Star

Sandy the Sea Star
Coordinator Extraordinaire

**See Instructions and *Privacy
Statement on Reverse Side**

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER *		DEPARTMENT	
Sandy the Sea Star						
POSITION		CB/D NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Coordinator Extraordinaire			We Love Clean Water, Inc.			
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			111 Shoreline Parkway			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
			Santa Cruz	CA	95061	

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE No.	(3) MILEAGE RATE CLAIMED 0.565
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
Mar-Jun 2013				(8) BREAK- FAST	LUNCH	O.T./L.T. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(5) DATE	TIME										MILES	AMOUNT		
3/4		Santa Cruz - Capitola									12	6.78		6.78
4/22		Santa Cruz - Watsonville								3.00	35	19.78		22.78
6/8		Santa Cruz								5.00	6	3.39		8.39
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		8.00	53	29.95	0.00	37.95
CLAIM TOTAL													\$	37.95

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
auto travel for school presentation, staffing booth at environmental fairs

PCA		PROJECT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	OBJ	AMOUNT	TOTAL
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-
TOTALS				0.00		- 0.00		0.00		- 0.00	\$ -

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seatbelt usage.

CLAIMANT'S SIGNATURE ► <i>Sandy the S.S.</i>	DATE <i>7/2/13</i>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ► (LEAVE BLANK FOR CCC STAFF SIGNATURE)	DATE
(17) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE(See item 17 on reverse) ►			DATE